BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

075850-0188

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
T_7	STAL OLAIMO		(Column	n 1) (Column 2)				TYPE			OR SMALL ENTITY	
TOTAL CLAIMS			27					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMB	MBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			27 minus 20= *		* (1		X\$ 9=		OR	X\$18=	126
	DEPENDENT C				* (T	X40=		OR	X80=	80
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				F	+135=		1 1	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in o			olumn 2	L	TOTAL		OR OR	TOTAL	C + I
CLAIMS AS AMENDED - PART II								TOTAL		Jon	OTHER	THAN
_	(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	Independent	* Minus *** NTATION OF MULTIPLE DEPENDE			- CL AINA	=		X40=		OR	X80=	
	11101111202	INTATION OF MI	JETIPLE DEF	ENDENT	CLAIM			+135=		OR	+270=	
	•								·		TOTAL	
		A[ODIT. FEE	ν	OR	ADDIT. FEE						
		(Column 1) CLAIMS		(Colur HIGH		(Column 3)	_		1001			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+135=		On		
										OR	+270=	
	•							TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	1	(Colun		(Column 3)		•				
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		= .		X\$ 9=		OR	X\$18=	
AMI	Independent	*	Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEP	ENDENT	CLAIM		\vdash	-135=		OR		
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=	
***	f the "Highest Nur f the "Highest Nu	mber Previously Pa mber Previously Pa aber Previously Paid	id For" IN THIS aid For" IN THIS	SPACE is SPACE is	less than	20, enter "20."		TOTAL DIT. FEE			TOTAL ADDIT. FEE	
		-	,		,	3		appi	-Pilate DOX	COIL	41111 1.	